

Joint Life Insurance Death Claim Form

1. Policy Details

Policy Number

Date of Commencement

Sum Assured

Plan/Type

2. Deceased Life Assured Details

Full Name

Date of Birth

Date of Death

Cause of Death

Place of Death

Relationship to Claimant

3. Surviving Life Assured Details

Full Name

Date of Birth

Contact Number

Email Address

4. Nominee/Claimant Details

Full Name

Address

Contact Number

Email Address

Relationship to Deceased

5. Bank Account Details for Claim Payment

Bank Name

Account Number

IFSC Code

Account Holder Name

6. Declaration

☐ I hereby declare that the information provided is true and correct to the best of my knowledge.

Signature of Surviving Life Assured

Signature of Claimant/Nominee

Date: